

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS633CAH</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOULDER CITY HOSPITAL, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 ADAMS BLVD BOULDER CITY, NV 89005</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 07/28/09 and finalized on 07/29/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00022101 was substantiated with deficiencies cited. (See Tags S0265, S0267, S0298, S0300, S0311)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	S 000		
S 265 SS=D	<p>NAC 449.352 Social Services</p> <p>1. A hospital shall have effective written policies and procedures for the provision of social services by the hospital staff.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to ensure effective</p>	S 265		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 265	Continued From page 1  written policies and procedures for the provision of social services was in place. (Patient #1)  1. The facility's policies did not provide written procedures on how or when to access Social Services.  2. The patient's record lacked documentation of Social Services or Case Management interactions with the patient and family.  Severity: 2    Scope: 1  Complaint #NV00022102	S 265		
S 267 SS=D	NAC 449.352 Social Services  3. A hospital shall provide to each patient access to related social services based on the assessed needs of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure the needs for Social Services were assessed for 1 of 4 patients. (Patient #1)  1. The patient's record lacked documentation of continuing monitoring or assessment of the patient's needs.  Severity: 2    Scope: 1  Complaint #NV00022102	S 267		
S 298 SS=D	NAC 449.361 Nursing Service  9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized	S 298		

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S 298	Continued From page 2  standards of practice and physicians' orders.  This Regulation is not met as evidenced by: Based on interview, record review and document review the facility nursing staff failed to ensure a post operative patient received proper assessment, treatment and care by not following the facilities policies, procedures and physician orders to report post-operative temperature spikes, abnormal vital signs and low oxygen saturation levels. (Patient #1)  Severity: 2      Scope: 1  Complaint #NV00022102	S 298		
S 300 SS=D	NAC 449.3622 Appropriate Care of Patient  1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.  This Regulation is not met as evidenced by: Based on record review and document review the facility failed to ensure a patient who was intubated received appropriate care and treatment to protect the patients airway and prevent aspiration. (Patient #1)  Severity: 2      Scope: 1  Complaint #NV00022102	S 300		

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S 311	Continued From page 3	S 311		
S 311 SS=D	<p>NAC 449.3624 Assessment of Patients</p> <p>2. Each patient must be reassessed according to hospital policy: (a) When there is a significant change in his condition</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review the facility nursing staff failed to ensure a post operative patients condition was re-assessed and reported to the physician when there was a significant change in the patients medical condition. (Patient #1)</p> <p>Findings include:</p> <p>1. The facility nurses failed to report a significant spike in a post operative patients oral temperature and report the temperature elevation to the physician per physicians orders.</p> <p>2. The facility nurses failed to report a low oxygen saturation level on a post operative patient to the physician.</p> <p>Severity: 2      Scope: 1</p> <p>Complaint #NV00022102</p>	S 311		

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